Integrated Impact Assessment Form

Promoting Equality, Human Rights and Sustainability

Title of Policy/ Proposal	Establishment of the Midlothian Mental Health & Resilience Service
Completion Date	03/11/22
Completed by	Shelagh Swithenbank
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Attendees	Karen Darroch – MHSCP; Steven Maxwell – MHSCP; Candie Galeotti, Penumbra; Louise Healey, MHSCP, Shelagh Swithenbank, MHSCP

Type of Initiative: Service

Briefly describe the policy/proposal you are assessing.

Set out a clear understanding of the purpose of the policy being developed or reviewed (e.g. objectives, aims) including the context within which it will operate.

Purpose of the Policy

Work in this area was following the review and recommissioning of Midlothian mental health services and also Midlothian Intensive Home Treatment Team, which resulted in development of the service model of the Midlothian Mental Health and Resilience Service (MHARS). During the review an areas identified for development was in crisis and distress. Following a tendering process Penumbra were commissioned to deliver the service in collaboration with IHTT; Midlothian became an associate for DBI. This IIA is considering the establishment of this service.

Aims/Objectives

Midlothian HSCP and Penumbra believe that recovery is the realisation of a meaningful and fulfilling life in the presence or absence of any mental health problems, and promotion of mental health and wellbeing. The aim of developing the service is to deliver a same day, self-referral, single point of access service for crisis and distress mental health and mental wellbeing for people aged 18 – 65, aiming to improve outcomes for people through direct support enabling people to manage their distress over time. The service will be delivered in partnership with MHSCP Intensive Home Treatment Team (IHTT) and Penumbra. The service is co-located within No. 11 Recovery Hub and provides triage/assessment and evidenced based ongoing support such as Distress Brief Intervention (DBI). The service is a 7 day service, 8am-10pm.

Additional strategy/policy influence:

Scotland's Suicide Prevention Action Plan Every Life Matters supports an approach of providing a "rapid and easily accessible response to those in distress", highlighting that people at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support. Following pilot work in recent years, the Scottish Government support a national roll-out of embedding Distress Brief Intervention (DBI) in crisis support services and service provision; which is a central component of the MHARS delivery.
  Scottish Government National Mental Health Strategy (2017-27).

What will change as a result of this policy?

Changes/cessation of previous services
In Midlothian there are a range of responses for people in distress or crisis. The two major components prior to review and re-commissioning were:
1. The Mental Health Intensive Home Treatment Team (IHTT). This service continues to be in operation with modification of service delivery. Previous provision of a 365 days per year, 7 day week service, 8am-Midnight (midnight -8am centralised services provided by MHAS). The IHTT is a service staffed by registered MH nurses. It fulfils Midlothian's statutory duty to provide urgent same day mental health assessment. In addition to its urgent mental health assessment function, Midlothian IHTT also provides intensive home treatment as an alternative to hospital admission. Midlothian IHTT has strong links with both statutory and Third Sector partners. The Team are based in the integrated No 11 Recovery Hub.
2. Health in Mind operated a crisis phone-line and drop-in (Pre Covid) service; operating 7 days per week 4-10pm weekdays, 12-10pm weekends. During the COVID period the service moved online only, and evaluation indicated that this was not utilised effectively by the community. As part of recommissioning of Mental Health services this element of service was considered as a separate area of need.

Development and delivery of new model of service
MHSCP recommissioned services during 2021:
>Lot 1 – Community Mental Health and Wellbeing Support
>**Lot 2 – Support for People in Crisis or Distress.**
>Lot 3 – Delivery of Midlothian Access Point/ Short term low level interventions

Penumbra were awarded the contract, working in collaboration with the MHSCP Intensive Home Treatment Team, to deliver the Midlothian Mental Health and Resilience Service (MHARS). The service will provide a value based ethos, and adopting an asset based approach for residents of Midlothian who are experiencing crisis and /or distress aged between 18 and 65 years which promotes optimal mental health and capacity for building resilience.

A summary of the service and scope is as follows:
- Improve outcomes for people in distress and people experiencing a mental health crisis through direct support
- Penumbra and MHSCP Intensive Home Treatment Team (IHTT) jointly create a central coordinating point of crisis support across Midlothian
- Service will be for residents of Midlothian who are aged 18 – 65 years
- Service will be part of a single point of access to crisis/distress support
- Service will be accessible by self-referral
- The service will provide triage/assessment and evidenced based practice such as Distress Brief Intervention (DBI), and onward referrals to other multiple agencies which will promote person centred recovery, e.g. primary care (GP/MH nurses), social prescribing, MAP, substance use services, MELD.

What information/consultation have you used to inform the policy?

Evidence	Comments: what does the evidence tell you?
Data on populations in need	Midlothian HSCP Joint Needs Assessment NHS Lothian level data re access to services National Census

Data on service uptake/access	Service reporting
	
	   - Health in Mind Crisis Service
	
	   - Mental Health Assessment Service (MHAS)
	
	   - Intensive Home Treatment Team (IHTT)
	
	Scottish Government National DBI pilot and National DBI service

Data on quality/outcomes	**Combined reporting for IHTT and Penumbra**. Variety of funding sources and requirements. MDT Penumbra DBI **Tools/Sources:** Patient Global Index (PGI); DBI outcomes and distress comparison; demonstrate by providing the appropriate workforce into IHTT a reduction in bank staff utilisation; demonstrate a reduction in demand for other centralised emergency and urgent care services. Measurement of impact can be considered in reviewing: GP access data; IHTT referrals; impact on outcomes for users of the service. Staged evaluation needed. **Action: Evaluation plan for MHARS; exploration of tools to measure impact of MHARS.** Service Aims: - Ensure that the person is at the centre of their support, the provider will work together with other voluntary and statutory services to contribute to and enhance joint working to support best outcomes for people, skill sharing,

	right support from right person/agency at the right time, capacity building. - Reduced emergency service/Accident and Emergency / hospital response. - Whole system approach where the impact of people's mental health and wellbeing, physical health and socio-economic situations are considered and supported? - Well established supports in the community and links into mainstream activities which are used to good effect. - People's experience of response to distress or crisis is improved. - Collaborative working and reduced duplication in the service provision. - Provide a safe physical environment / buildings. - People live safely and independently and optimise recovery.
Research/literature evidence	Scottish Government: Redesign of Urgent Care (RUC) project Scotland's Suicide Prevention Action Plan Every Life Matters Scottish Government Recovery and Transition Plan Adoption of evidence based DBI and Person-Centred Recovery modality Scottish Government: National Mental Health Strategy (2017-27)
Service user experience information	Stakeholder and public consultation for Midlothian Integration Joint Board Strategic Plan 2022-25 and recommissioning of mental health services 2021. Involvement of person with lived experience in Mental Health Service re-commissioning processes.
Consultation **and involvement** findings	Consultation with over **250** people (including over 90 staff) during autumn 2020 and 2021 for the purposes of developing the Midlothian Strategic Plan and recommissioning of community services. The

	consultation was undertaken by means of questionnaires, interviews and focus groups. **Prevention & Early Intervention** • Improve access to Community Mental Health Supports • Improve Holistic Support • Improve access to information about self-management **Support & Treatment** • Improve Holistic Support • Advocacy • Psychological therapy & Occupational Therapy • Housing **Crisis & Emergency** • Same day access & A&E & Redesign of Urgent Care
Good practice guidelines	DBI guidelines for implementation NICE guideline and SIGN guidelines for mild to moderate and severe and enduring mental illness good practice guidelines.
Other (please specify)	NA
Is any further information required? How will you gather this?	NA

How could we ensure that the policy meet the different needs of and impact on groups in the community?

Groups	Comments – positive/ negative impact
Older people, people in the middle years,	No specific impact. **General comments:** Service for ages 18-65.
Young people and children	No specific impact. **General Comments:** Service for ages 18-65.
Women, men and transgender people (includes issues relating to pregnancy and maternity)	No specific impact. **General comments:** Consider inclusivity of service.
Disabled people (included physical disability; learning disability; sensory Impairment; long term medical conditions; mental health problem)	**Positive impact**. The aim of developing the service is to deliver a same day, self-referral, single point of access service for crisis and distress, mental health and mental wellbeing for people aged 18 – 65, aiming to improve outcomes for people through direct support enabling people to manage their distress over time. **General comments:** Awareness and accessibility of service.
Minority ethnic people (includes Gypsy/Travellers migrant workers non-English	No specific impact. **General comments:** Awareness of inclusivity of service.
Refugees and asylum seekers	No specific impact. **General Comments:** Inclusivity of service and accessibility (language)
People with different religions or beliefs (included people with no religion or belief.	No specific impact. **General comments:** Inclusivity of service and accessibility (language)
Lesbian; gay bisexual and heterosexual people	No specific impact **General comments:** Inclusivity of service and accessibility.

Groups	Comments – positive/ negative impact
People who are unmarried; married or in a civil partnership	No specific impact **General Comments:** Consideration of intimate partner factors.
Unemployed	**Positive Impact** **General comments:** Equity and accessibility for people from more deprived communities.
People on Benefits	**Positive Impact** **General comments:** Equity and accessibility for people from more deprived communities.
Single Parents and vulnerable families	No specific impact. **General comments:** Accessibility and provision of safety for vulnerable groups in the community.
Pensioners	No impact **General comments:** Service for ages 18-65
Looked after Children	No specific impact **General Comments:** As per GIRFEC and Care Experienced young people over the age of 18.
Those leaving care settings ((including children and young people and those with illness)	No specific impact **General Comments:** As per GIRFEC and Care Experienced young people over the age of 18.
Homeless People	Positive impact **General comments:** Vulnerabilities around homelessness and risk of homelessness; safeguarding; ASP.
Carers (including young carers)	No particular impact
Those involved in the criminal justice system	Positive impact **General comments:** Service accessed within No. 11 Recovery Hub, designed to support integrated and joint working.

Groups	Comments – positive/ negative impact
Those living in the most deprived communities (bottom 20% SIMD areas)	Positive impact **General comments:** Provision of community based practice and inclusion for those at most risk of mental illness.
People misusing substances	Positive impact **General comments:** Service accessed within No. 11 Recovery Hub, designed to support integrated and joint working.
People with low literacy/numeracy	Positive impact **General comments:** Promoting inclusion, provision of appropriate materials and facilitating health literacy.
Others e.g. veterans, students	Positive impact **General comments:** Links with Edinburgh College; Veterans First Project.
Rural/ semi rural Communities	Positive impact and issues for consideration. **General comments:** Initial telephone access. Most bus services come through Dalkeith. Identification of outreach for those at risk, especially in rural areas. Issues to note: requires access to telephone; access for people for whom English is not their first language.
Urban Communities	As above.
Coastal Communities	Not relevant.

Are there any other factors which will affect the way this policy impacts on the community or staff groups?

Positive impact for target population of 18-65 years. Service also supports wellbeing of staff through weekly clinical supervision with IHTT and Penumbra, in addition to individual service partners management supervision. HSCP staff can access staff wellbeing services.

Is any part of this policy/ service to be carried out wholly or partly by contractors?

If yes, how have you included equality and human rights considerations into the contract?

Services delivered service in partnership between IHTT and Penumbra.

Have you considered how you will communicate information about this policy or policy change to those affected e.g. to those with hearing loss, speech impairment or English as a second language?

Information available via Council, NHS, MidSpace – information must meet accessibility standards. Software can facilitate typeface size/colour adjustment; Read Aloud; Translation service, BSL service.

Please consider how your policy will impact on each of the following objectives

Equality and Human Rights	Comments
Promotes / advances equality of opportunity e.g. improves access to and quality of services, status	Compliant with Equalities Act 2020. HRBA?
Promotes good relations within and between people with protected characteristics and tackles harassment	Lived experience within provision of services. Compliance with relevant legislation regarding inclusion.
Promotes participation, inclusion, dignity and self- control over decisions	Structures in place for patient and public involvement, e.g. lived experience in commissioning of services; theoretical model of patient centred service. Equality Act 2010.
Builds family support networks, resilience and community capacity	Considered within service redesign and consultation.
Reduces crime and fear of crime	Working in partnership within No. 11 Recovery Hub, promoting joined up working within Mental Health, Substance Use, and Justice Services.
Promotes healthier lifestyles including Diet and nutrition Sexual Heath Substance Misuse Exercise and physical activity Life Skills	National and local policies. Staff trained in these aspects. Workforce development and competence. Commissioning of holistic wellbeing services.

Equality and Human Rights	Comments
Environmental	
Reduce greenhouse gas (GHG) emissions in Midlothian (including carbon management)	Not relevant.
Plan for future climate change	
Pollution: air/ water/ soil/ noise	
Protect coastal and inland waters	
Enhance biodiversity	
Public Safety: Minimise waste generation/ infection control/ accidental injury /fire risk	
Reduce need to travel / promote sustainable forms or transport	
Improves the physical environment e.g. housing quality, public and green space	
Economic	
Maximises income and /or reduces income inequality	Not relevant.
Helps young people into positive destinations	
Supports local business	
Helps people to access jobs (both paid and unpaid)	
Improving literacy and numeracy	
Improves working conditions, including equal pay	
Improves local employment opportunities	

Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005?

No.

Action Plan

Identified negative impact	Mitigating circumstances	Mitigating actions	Timeline	Responsible person
Telephone triage? Reliance on access to telephone.	Service will not be a drop-in, access through telephone comms.	Free phone line and details given as a brief call, and service recalls person.		
Telephone call where English is not first language	Cannot provide absolute range of languages within immediate service provision.	Translation services can be pre-arranged to facilitate access by appointment.		

Sign off by Head of Service/ NHS Project Lead

Name

Date